

Unannounced Care Inspection Report 5 June 2017



Belmont

Type of service: Nursing Home
Address: Parklands Close 81 Tillysburn Park Belfast BT4 2PD
Tel No: 028 9076 3408
Inspector: James Lavery

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Ltd/	Registered Manager: See below
Responsible Individual(s): Dr Maureen Claire Royston	
Person in charge at the time of inspection: Gillian Finlay	Date manager registered: Gillian Finlay – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory TI – Terminally ill.	Number of registered places: 48 consisting of NH-I; NH-PH, NH-PH (E) and NH-TI

4.0 Inspection summary

An unannounced inspection took place on 5 June 2017 from 09.20 to 17.15 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. No areas requiring improvement were identified in the previous care inspection.

Evidence of good practice was found in relation to governance arrangements for the management of staff; the holistic assessment and delivery of care; the provision of religious and spiritual care to patients; management of complaints; quality assurance systems monitoring service delivery; management of accidents and incidents.

Areas for improvement under regulation were identified in relation to fire safety standards and practices; adherence to the Control of Substances Hazardous to Health (COSHH) regulations. Areas for improvement under standards included staff awareness relating to adult safeguarding; the internal environment of the home in keeping with the Care Standards for Nursing Homes (2015); the meal time experience of patients and staff practices related to fire safety.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Finlay, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 2 June 2016.

The most recent inspection of the home was an unannounced care inspection undertaken on 2 June 2016. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous finance inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with seven patients, nine staff, and six patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 29 May to 11 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- two staff recruitment and induction files
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 June 2016.

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 2 June 2016

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 29 May to 11 June 2017 evidenced that the planned staffing levels were generally adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels. One relative spoken with commented "They could do with more permanent staff." Nevertheless, the relative went on to state that they were "...happy with the nursing care." The majority of permanent staff spoken with did express concerns in relation to the lack of permanent staff. Some staff comments in relation to this matter included the following:

"...always using agency...I don't have time to talk to the residents."

"Too many agency staff."

All feedback concerning staffing which was received during the inspection was shared with the manager following the inspection for review and action as appropriate. The manager confirmed that a number of permanent care staff had left the home in recent months and that at present the home had one full time registered nurse vacancy and six full time care staff vacancies. Attempts to recruit staff for these vacancies were confirmed by the manager to be ongoing. The manager also advised that contingency plans to ensure adequate and effective staffing levels within the home included the following measures: 'block' booking staff with nursing agencies when possible; ensuring that experienced permanent staff were deployed throughout the home daily in order to support agency staff; utilising available staff from other Four Seasons Healthcare (FSHC) homes when available. Discussion with the manager and review of records did evidence that dependency levels were kept under review in order to determine staffing requirements. The induction of agency staff is discussed further in Section 6.7.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff generally demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager confirmed that an 'adult safeguarding champion' was identified for the home.

Although the manager clearly demonstrated knowledge of her specific responsibilities in relation to this role, two care staff that were spoken with evidenced limited and inaccurate knowledge of their roles and responsibilities in relation to adult safeguarding. Both staff members stated that they had yet to complete mandatory adult safeguarding training using the home's 'eLearning' system. This was highlighted to the manager who evidenced that one of the staff members in question had completed the appropriate training. The importance of ensuring that all staff members complete this training and that it is both effective and embedded into practice was stressed. This was identified as an area requiring improvement.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of weaknesses relating to the environment were identified. One patient lounge on the first floor was observed to lack any curtains. This was brought to the attention of the manager who stated that she was awaiting approval from senior managers to purchase new curtains. Several areas of staining on the flooring within the designated smoking room were also observed. Additionally, damage to the plaster work on walls within both the laundry and reception area were further identified. These deficits were discussed with the manager who acknowledged that these areas required attention. An area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. It was identified that the fire door leading to the activity therapist's store was unlocked despite signage on the door indicating that it should be kept locked. It was further noted that the smoking lounge on the first floor had no waste bin for patients to use and had only one small ceramic ashtray. These deficits were discussed with the manager and it was stressed that they should be addressed in order to ensure the safety and wellbeing of patients in the home. An area for improvement had been identified.

During a review of the environment the inspector further identified two separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the manager and an area for improvement was identified to ensure COSHH regulations were adhered to. The two areas identified were addressed on the day of inspection.

Shortfalls were also observed in relation to infection prevention and control (IPC). The underside of five soap dispensers and two paper towel dispensers were observed to be stained and not effectively cleaned; one bedrail cover was also observed to be worn and therefore could not be cleaned effectively. This was identified as an area for improvement.

While observing the provision of the lunch time meal to patients it was observed that some staff brought meals out of the first floor dining room without appropriate food covers to patients who chose to eat in their bedrooms. This was discussed with the manager and the importance of staff adhering to best practice guidelines was discussed. One patient was observed to be transported to the dining room without any footplates in place. This was also discussed with the manager and the importance of all wheelchairs being used safely at all times was emphasised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the reporting of notification of incidents to appropriate bodies; governance arrangements for the management of staff; promoting a culture of teamwork within the home.

Areas for improvement

Areas for improvement were identified in relation to compliance with IPC measures; adherence to COSHH regulations; adult safeguarding; fire safety practices; the internal environment of the home.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. The induction of agency staff is discussed further in section 6.7.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. The display of information pertaining to patients' dietary needs is addressed further in section 6.6.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. There was also further evidence that the care planning process included input from patients and/or their representatives, if appropriate. Regular communication with representatives within the daily care records was also found.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly and that minutes were available.

Staff who were spoken with stated that there was effective teamwork within the home with each permanent staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. Discussion with some agency care staff on duty during the inspection did evidence a limited awareness of patients’ care needs. This is addressed further in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; the assessment of patients’ care needs; the timely provision of patient care plans; communication between residents, staff and family members.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- “The nurses are good.”
- “I’m well looked after.”
- “Nurses are very good and kind.”
- “It’s quite homely ... I’m never hungry.”

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork with several staff stating that they considered the manager to be supportive and approachable.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report four patient; 10 staff and 10 relatives had returned their questionnaires. All respondents stated that they were either 'Very satisfied' or 'satisfied' with the care being provided.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Observation of one member of staff during the provision of lunch evidenced the use of inappropriate language to describe the dietary needs of a patient. The manager should ensure that staff communicate with one another in an appropriate manner at all times thereby promoting a culture that supports the values of dignity and respect towards patients.

Weaknesses were further identified with regards to the lack of a suitable menu being on display for patients on the ground floor. While a notice board was on the dining room wall, it had several notices pinned to it but no menu detailing for patients what was being served that day. A further deficit was observed in that pages (within transparent plastic covers) detailing patients' dietary needs were pinned to the wall of the dining room on the ground floor in plain sight. These concerns were discussed with the manager and an area of improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of teamwork within the home; listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following areas were identified for improvement in relation to the provision of suitable menus for patients; the use of appropriate language by care staff; the inappropriate display of patients' dietary needs.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. The majority of staff were able to describe their roles and responsibilities.

The manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the process of the manager's registration with the manager who confirmed that it was her intention to proceed with the application to become registered with RQIA.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents. Quality of life (QOL) audits were also completed daily by nursing staff and then reviewed by the manager.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with care staff evidenced that one agency carer on duty throughout the inspection was assisting with the mid-morning tea trolley despite having limited knowledge of patients' dietary needs. This consequently placed patients at risk of potential harm. The manager confirmed that all agency staff members receive an induction to the home before commencing their first shift and should not carry out duties without adequate orientation. The agency carer in question was spoken with and stated that they had received an induction from the nurse in charge that morning although no written record had been retained to evidence this. A review of agency induction records for the previous and current week did evidence that the majority of staff inductions had been completed. It was acknowledged that the agency carer had confirmed receiving an induction but it was emphasised that a written record should be maintained to ensure that patients receive safe and effective care at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents; quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Finlay, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken, including the provision of a suitable bin within the designated smoking lounge and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A bin has been provided in the residents smoking lounge. The maintenance man is to complete checks on all fire doors and report any issues to manager for action.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Meeting held with domestic staff re COSHH. E, learning on COSHH completed by all staff.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Spot checks are carried out weekly by senior staff on the under side of the soap and towel dispensers and cleaning of same added to Domestic records.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered person shall take measures to that all staff attend adult safeguarding training and that such training is effectively embedded into practice.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Home Manager attended training on 23rd June re Adult Safeguarding Management E – Learning training completed by all new staff. A request for face to face training has been made and will be delivered by the Residents Experience Team Clinical Facilitator on 17th of August</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered person shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to: the provision of curtains in patient lounges; flooring within the designated smoking lounge; damaged plaster work in the laundry and reception areas.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All work has been requested via the estates team and capex generated as required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered person shall ensure that a suitable menu is placed on display daily for patient reference.</p> <p>Ref: Section 6.6.</p> <hr/> <p>Response by registered person detailing the actions taken: Menu's are currently under review and will be displayed for residents in the dinning room.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times.</p> <p>Ref: Section 6.6.</p> <hr/> <p>Response by registered person detailing the actions taken: Further training and development has been arranged for all staff.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews